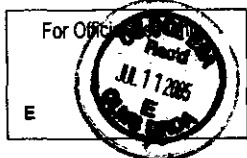


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2492	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Thomas D Clark P.O. Box, Bldg., Room No., if any Street 9468 Shady Oaks St. NW City Clinton State OH ZIP Code + 4 44216	4. Name, file number, and address of labor organization. Name International Alliance of Theatrical Stage Employees Labor Organization File Number 001853 ? Local # 48 P.O. Box, Building and Room Number, if any Street 678 North Main St. City Akron State OH ZIP Code + 4 44310
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Intl Alliance of Theatrical Stage Emp., local #48 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 678 North Main St. City Akron State OH ZIP Code + 4 44310	7.a. Nature of Interest, Transaction, or Income. Annual Dues waived because of elected officer i.e. Executive Board member 7.b. Amount. \$180.00

Signature

Thomas D Clark

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas D Clark

On

070105

Date

330 854-0354

Telephone Number